

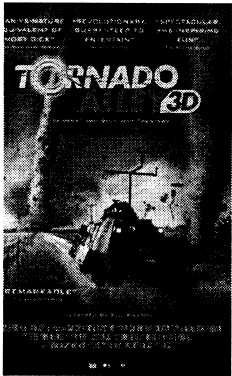
Field Trip Fun!



Dear Fourth Grade Parents and Guardians,

The Fourth Grade Teachers have planned some really fun trips to end the school year.

1. **Wednesday, May 9,** We will be going to the City Island, Metro Bank Park, to see a Harrisburg Senator's baseball game on their education day.
 - Chaperones: 6 per class
2. **Friday, May 18,** We will be going to the IMAX Theater in Harrisburg to see the movie, *Tornado Alley 3D*
 - Chaperones: none needed
3. **May 30th OR 31st,** We will be going to Middle Creek.
 - 4th grade will be divided in half with 2 classes going on the 30th and 3 classes on the 31st.
 - May 30th - Mrs. Dilger, Mrs. Hall
 - May 31st - Mr. Moyer and Mr. Fulkerson, and Miss Fink
 - Chaperones: 6 per class



Each teacher will be requesting chaperones for the Baseball game and Middle Creek trips. On May 9th, for the baseball game, we are leaving at 9am and returning around 2:15pm. For the IMAX trip we will be leaving at 9:45am and returning around 1 PM. Finally, for Middle creek we will be leaving at 9:15am and returning at 2:15pm.

There is an \$8 charge for each child. This may be paid in cash or check (payable to Ebenezer PTE). Along with PTE support, this will cover all 3 field trips. If you are a chaperone you will need to pay \$5.

Please complete ALL of the attached field trip permission forms, and return them, along with \$8, to your child's teacher by Friday, April 20th.



Thank you,
Fourth Grade Teachers

CORNWALL-LEBANON SCHOOL DISTRICT
105 E. Evergreen Road
Lebanon, PA 17042

PARENTAL PERMISSION FOR STUDENT TO PARTICIPATE IN FIELD TRIP

Date(s) of Trip May 9th, 2012 **Destination** Metro Bank Park on City Island, Harrisburg

Name of Student _____ 4 Ebenezer
Grade Building

Mrs. Dilger, Miss Fink, Mr. Fulkerson, Mrs. Hall, Mr. Moyer
Teacher/Homeroom

Name of Parent/Guardian _____

Address _____

Telephone Numbers: Home _____ **Work** _____

Medication is to be administered according to Medication Consent Form (HD-025) on file in nurse's office. PLEASE LIST BELOW ANY AND ALL MEDICATION THAT MUST BE GIVEN ON THE FIELD TRIP.

Medication: _____ Dosage: _____ Time: _____

Medication: _____ Dosage: _____ Time: _____

Medication: _____ Dosage: _____ Time: _____

Medication: _____ Dosage: _____ Time: _____

Medication: _____ Dosage: _____ Time: _____

Special Medical Needs/Instructions:

☐ *I hereby grant permission for my child to participate in the field trip listed above.*

Signature of Parent/Guardian

Date

CORNWALL-LEBANON SCHOOL DISTRICT
105 E. Evergreen Road
Lebanon, PA 17042

PARENTAL PERMISSION FOR STUDENT TO PARTICIPATE IN FIELD TRIP

Date(s) of Trip May 18th, 2012 **Destination** Whitaker Center, Harrisburg

Name of Student _____ Grade 4 Building Ebenezer

Mrs. Dilger, Miss Fink, Mr. Fulkerson, Mrs. Hall, Mr. Moyer
Teacher/Homeroom

Name of Parent/Guardian _____

Address _____

Telephone Numbers: Home _____ **Work** _____

Medication is to be administered according to Medication Consent Form (HD-025) on file in nurse's office. PLEASE LIST BELOW ANY AND ALL MEDICATION THAT MUST BE GIVEN ON THE FIELD TRIP.

Medication: _____ Dosage: _____ Time: _____

Medication: _____ Dosage: _____ Time: _____

Medication: _____ Dosage: _____ Time: _____

Medication: _____ Dosage: _____ Time: _____

Medication: _____ Dosage: _____ Time: _____

Special Medical Needs/Instructions:

☐ *I hereby grant permission for my child to participate in the field trip listed above.*

Signature of Parent/Guardian

Date

CORNWALL-LEBANON SCHOOL DISTRICT
105 E. Evergreen Road
Lebanon, PA 17042

PARENTAL PERMISSION FOR STUDENT TO PARTICIPATE IN FIELD TRIP

Date(s) of Trip May 30th or 31st, 2012 **Destination** Middle Creek

Name of Student _____ Grade 4 Building Ebenezer

Mrs. Dilger, Miss Fink, Mr. Fulkerson, Mrs. Hall, Mr. Moyer
Teacher/Homeroom

Name of Parent/Guardian _____

Address _____

Telephone Numbers: Home _____ **Work** _____

Medication is to be administered according to Medication Consent Form (HD-025) on file in nurse's office. PLEASE LIST BELOW ANY AND ALL MEDICATION THAT MUST BE GIVEN ON THE FIELD TRIP.

Medication: _____ Dosage: _____ Time: _____

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Medication: _____ Dosage: _____ Time: _____

Special Medical Needs/Instructions:

☐ *I hereby grant permission for my child to participate in the field trip listed above.*

Signature of Parent/Guardian

Date